

KVP HOSPITALS VACCINE ORDER AND ELIGIBILITY WORKSHEET																																		
KENTUCKY IMMUNIZATION PROGRAM 275 EAST MAIN STREET HS2E-B FRANKFORT, KY 40621-0001 PHONE: 502-564-4478 EMAIL: DDPH.KVP@KY.GOV FAX: 502-696-4923				START DATE:			END DATE:			VFC PIN:																								
				PROVIDER NAME:																														
				ADDRESS:																														
				CITY:				ZIP CODE:		COUNTY:																								
				<input type="checkbox"/> CHECK HERE IF THIS IS A NEW ADDRESS						PHONE:																								
OFFICE HOURS: MON TUES WED THUR								FAX:																										
DATES OFFICE CLOSED (NEXT 30 DAYS)								PREPARED BY:																										
PLEASE COMPLETE ALL SECTIONS OF THIS ORDER FORM FOR VFC TO PROCESS YOUR VACCINE ORDER																																		
VACCINES*		REQUEST DOSES	PREVIOUS STOCK	ORDERS RECEIVED	TRANSFER/ EXPIRED DOSES	DOSES GIVEN	CURRENT STOCK	NDC#	LOT#	EXPIRATION DATE																								
HEP B	ENERGIX 10 VIALS (GSK)																																	
	ENERGIX 10 SYRINGES (GSK)																																	
	RECOMBIVAX 10 VIALS (MERCK)																																	
	RECOMBIVAX 6 SYRINGES (MERCK)																																	
HBIG																																		
<p>* The VFC program will try to honor requests for specific brands of these items; however, you may receive an alternate brand due to product availability. If you prefer to receive one specific brand, regardless of availability, please indicate by writin "Do Not Substitute" next to that particular vaccine.</p> <p>The following chart should reflect the number of children you have vaccinated within the time period indicated by the start and end dates listed above. This information can be transferred directly from your activity worksheet. YOU MUST COMPLETE THIS SECTION TO PROCESS YOUR ORDER</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">VFC ELIGIBILITY FOR HEPATITIS B BIRTH DOSE</th> <th style="text-align: center;"><1</th> </tr> </thead> <tbody> <tr><td>MEDICAID (MANAGED CARE INCLUDED)</td><td></td><td></td></tr> <tr><td>NO INSURANCE(UNINSURED)</td><td></td><td></td></tr> <tr><td>INSURANCE DOES NOT PAY FOR IMMUNIZATIONS (UNDERINSURED)</td><td></td><td></td></tr> <tr><td>AMERICAN INDIAN</td><td></td><td></td></tr> <tr><td>ALASKAN NATIVE</td><td></td><td></td></tr> <tr><td>KCHIP</td><td></td><td></td></tr> <tr><td>OTHER</td><td></td><td></td></tr> </tbody> </table>											VFC ELIGIBILITY FOR HEPATITIS B BIRTH DOSE		<1	MEDICAID (MANAGED CARE INCLUDED)			NO INSURANCE(UNINSURED)			INSURANCE DOES NOT PAY FOR IMMUNIZATIONS (UNDERINSURED)			AMERICAN INDIAN			ALASKAN NATIVE			KCHIP			OTHER		
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